

GW/UST-2

Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DWQ Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I.D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

Owner Name: Town of Summerfield
 Corporation, Individual, Public Agency, or Other Entity
 Street Address: P.O. Box 970
 County: Guilford
 City: Summerfield State: NC Zip Code: 27358
 Telephone Number: (910) 643-8655
 (Area Code)

II. Location of Tank(s)

Facility Name: Grange Building
 (or Company)
 Facility ID # (if available): N/A
 Street Address: 4117 Oak Ridge Road
 (or State Road)
 County: Guilford City: Same Zip Code: 27358
 Telephone Number: () N/A
 (Area Code)

III. Contact Person

Name: Joan T. Beeson Job Title: Mayor Pro Tem Tel. No.: (910)643-8655
 Closure Contractor: Town of Summerfield Address: P.O. Box 970 / Summerfield Tel. No.: (910)643-8655
 Primary Consultant: Legacy Environmental Address: P.O. Box 4560 / Greensboro Tel. No.: (910)316-0452
 Lab: Water Technology & Controls Address: 642 Tamco Rd. / Reidsville Tel. No.: (910)342-4748

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

| Tank No. | Size in Gallons | Tank Dimensions | Last Contents | Water In Excavation | | Free Product | | Notable Odor or Visible Soil Contamination | |
|----------|-----------------|-----------------|---------------|---------------------|----|--------------|----|--------------------------------------------|----|
| | | | | Yes | No | Yes | No | Yes | No |
| 1 | 550 | 42" x 6'2" | Gasoline | | X | | X | | X |
| 2 | 550 | 42" x 6'2" | Gasoline | | X | | X | | X |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DWQ in the written report and sketch.

NOTE: If a release from the tank(s) has occurred, the site assessment portion of the tank closure must be conducted under the supervision of a P.E. or L.G., with all closure site assessment reports bearing the signature and seal of the P.E. or L.G.

VII. Check List (Check the activities completed)

PERMANENT CLOSURE (For Removing or Abandoning in place)

- ☒ Contact local fire marshal.
☒ Notify DWQ Regional Office before abandonment.
☒ Drain & flush piping into tank.
☒ Remove all product and residuals from tank.
☒ Excavate down to tank.
☒ Clean and inspect tank.
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
☒ Cap or plug all lines except the vent and fill lines.
☒ Purge tank of all product & flammable vapors.
☒ Cut one or more large holes in the tanks.
☒ Backfill the area.
 Date Tank(s) Permanently closed: 10/20/97
 Date of Change-in-Service: _____

ABANDONMENT IN PLACE

- ☐ Fill tank until material overflows tank opening.
☐ Plug or cap all openings.
☐ Disconnect and cap or remove vent line.
☐ Solid inert material used - specify: _____

REMOVAL

- ☒ Create vent hole.
☒ Label tank.
☒ Dispose of tank in approved manner.
 Final tank destination: Safeway Tank Disposal

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

JOAN T. BEESON
Mayor Pro Tem

Signature

Joan T. Beeson

Date Signed

10-20-97

GW/UST-2 (Rev. 10/96)

White Copy - Regional Office

Yellow Copy - Central Office

Pink Copy - Owner